

90,200. +
106,800. +
124,700. +
141,400. +
004 463,100. *
4,439,945. +
23,155. +
002 4,463,100. *

PASSAIC VALLEY SEWERAGE COMMISSIONERS
APPLICATION FOR A SEWER USE PERMIT

SECTION A

INDUSTRIAL <u>180-402</u>			
8110	8115	8120	8205
FEB 21 2001			

1. Company Name BRIOSCHI INC
2. Permit Number if applicable: 08200003
3. Location: 19-01 POLLITT DRIVE
FAIR LAWN NJ Zip Code: 07410
4. Mailing Address PO BOX 427 FAIR LAWN, NJ
Zip Code: 07410
5. Person to contact concerning information provided in this application:
Name of Contact Official: MICHAEL BRIZZOLARA
Title: SEC / TREAS Phone No. (201) 796-4226
Address same as above Zip code
6. Number of Employees - Full Time: 10 Part Time:
Number of Work Days Per Year: 250
Number of Shifts Per Day: 1
7. If property is owned indicate block and lot number(s):

Assessed Value: 19
8. If property is rented indicate name and address of owner:
Michael Brizzolara and Maria L. Mc Laughlin
19-01 Pollitt Drive Fair Lawn, NJ 07410
- Total square feet rented: 18,000
9. List NJPDES Permit Number if applicable, and
Name of receiving Body of Water entered

SECTION B

WATER DATA

10. Water Source: (Circle all appropriate answers)

Purchased

Y N

Well

Y - N

If Y, is it metered

Y - N

River

Y - N

If Y, is it metered

Y - N

11. Name of purchased water supplier:
- BORO OF FAIR LAWN

List all Account #'s: 95700

12. Water Received: From Mo.
- JAN
- Yr.
- 2000
- Through Mo.
- DEC
- Yr.
- 2000

(* Next to a figure means it is estimated).

	<u>PURCHASED</u>	<u>WELL</u>	<u>RIVER</u>	<u>TOTAL</u>
1 st Qtr.	90,200			90,200
2 nd Qtr.	106,800			106,800
3 rd Qtr.	124,700			124,700
4 th Qtr.	141,400			141,400

GRAND TOTAL 463,100

Report in gallons

13. Water Use and Disposition (*Next to a figure means it is estimated).

	Gallons Sanitary/Combined Sewer	Discharged Stormwater/River/ Ditch	Gallons Used Other
Sanitary service only	439,945		
Process waste water			
Cooling water			
Evaporation			23,155
Contained in the product			
Other (describe)			

GRAND TOTAL 463,100

SECTION B (continued)

14. Process wastewater which is discharged as above is metered as follows:

To the Separate Sanitary Sewer	<input checked="" type="radio"/> Y <input type="radio"/> N
To the Combined Sewer	<input type="radio"/> Y <input type="radio"/> N
To the Storm Sewer	<input type="radio"/> Y <input type="radio"/> N
River or Ditch	<input type="radio"/> Y <input type="radio"/> N

15. Waste hauler information: List all firms and/or independent contractors used to remove process waste or sludge from this facility.

Contractor	Address	Icc #	Waste type handled

SECTION C**OPERATIONAL CHARACTERISTICS**

16. Discharge of Industrial Waste is continuous _____
or intermittent _____ each operating day.

If the discharge is intermittent, it occurs between the following hours: _____

17. Brief description of Manufacturing or other activity performed: _____

MANUFACTURER OF OTC PHARM

List SIC CODE #: 28 34

18. Principal Raw Materials used: TARTARIC ACID , SODIUM BICARBONATE

19. Principal Products or Services: BRIOSCHI Effervescent antacid

20. Describe seasonal variations, if significant, giving dates, volumes, rates, hours, etc.

Include variations in product lines which affect waste characteristics: _____

NONE

Does this facility shutdown for vacation(s)? YES If so, is it basically the same time each year. YES Provide dates usually shutdown JUNE, JULY, AUGUST

SECTION D

MONITORING

21. Describe any pretreatment process or effluent monitoring system in use:

Outlet _____

Outlet _____

Outlet _____

22. Sampling information:

<u>Outlet</u>	<u>Contains Industrial Waste</u>	<u>Sampler Type</u>	<u>Refrigerated</u>

SECTION D (continued)

23. Volume Information:

<u>Outlet</u>	<u>Daily Flow (Gallons)</u>	<u>Metered (Y - N)</u>	<u>Type</u>	<u>Date</u>

24. Frequency of calibration of each flow meter: _____

25. Attach plot plan of the property showing:
- (a) all existing or proposed sewer and drain lines (including outlets to a storm sewer, river or ditch);
 - (b) sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter (s); Flowmeter(s).
 - (c) details of the connection(s) to the municipal (or PVSC) sewer, including the distance and direction of each connection from the nearest street intersection.

SECTION E**ANALYSIS OF INDUSTRIAL WASTE**

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET NO. 08200003

Report to the nearest unit: XX. Except where indicated with (1) Example: 15 mg/l			Report to the nearest hundredth: 0.XX Except where indicated Example: 0.36 mg/l		
Code	Parameter	Value	Code	Parameter	Value
0200*	Radioactivity (PL-1)	-	1097*	Antimony (Sb)	-
0500	Total Solids	778 mg/L	1002*	Arsenic (As)	-
0505	Volatile Solids	755 mg/L	1022*	Boron (B)	-
0530	Total Suspended Solids	98 mg/L	1027	Cadmium (Cd)	< .002 mg/L
0540	Volatile Suspended Solids	71 mg/L	1034*	Chromium Total (Cr)	-
0555	(1)(3) Petroleum Hydrocarbons	1.45 mg/L	1042	Copper (Cu)	.04 mg/L
0310	Biochemical Oxygen Demand (BOD)	316 mg/L	1045*	Iron (Fe)	-
			1051	Lead (Pb)	.011 mg/L
0340	Chemical Oxygen Demand (COD)	764 mg/L	0720*(3)	Cyanide (Cn)	-
			1900	Mercury (Report to 0.XXX)	< .001 mg/L
0680	Total Organic Carbon (TOC)	201 mg/L	1067	Nickel (Ni)	< 0.005 mg/L
			1147*	Selenium (Se)	-
9000	pH(standard unit range)	6.40	1077*	Silver (Ag)	-
0610	(1) Ammonia as N	< 0.5 mg/L	1102*	Tin (Sn)	-
0550	(1)(3) Total Oil & Grease	15.0 mg/L	1092	Zinc (Zn)	.15 mg/L
0745*	(1) Sulfide	-	2730	Phenol	.06 mg/L
0507*	(1) Ortho Phosphates as P	-	4053*	Pesticides (Report to 0.XXX)	-
0625*	(1) Kjeldahl N as N	-	0940*	Chlorides	-
9998*	(2)(3) TTO (Report to 0.XXX)	-	9999*(3)	TTVO (Report to 0.XXX)	-

FOOTNOTES:

- (1) Report results to the nearest tenth, i.e., 1.6 mg/l.
- (*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.
- (2) See instructions.
- (3) Grab sample required

Rev: 1/87
8/89
7/90
9/94
8/95
11/95
07/98

SECTION E (continued)

Samples collected by: AQUA PRO TECH LABS

Date: 2/6/01

Sample analyzed by: AQUA PRO TECH :LABS Date: 2/6 - 2/13/01

Products being manufactured when sample was collected: BRIOSCHI

27. Who performs the analyses of the samples for User Charge? AQUA PRO TECH

28. Is the Laboratory certified by NJDEP to conduct all the analyses? Y - N YES

29. Who performs the analyses of the samples for the Pretreatment Parameters?
N/A

If monitoring has not commenced for Pretreatment, indicate Laboratory you plan to use. If unknown, so state:

30. Is the Laboratory certified by NJDEP to conduct all the required Pretreatment analyses?

Y - N N/A

31. Based upon knowledge of materials and processes used at this facility check the appropriate box that best describes the potential that a Priority Pollutant, listed on Tables 1,2 & 3 is present in your discharge.

SECTION F**PRETREATMENT**

NOT APPLICABLE

32. Industrial Category: _____
 Subpart (s): _____
33. Compliance date(s): _____
34. Is facility in compliance? _____ If not, and if compliance date has passed, explain actions being taken to get into compliance: _____

35. Date Baseline Monitoring Report (BMR) submitted to PVSC: 1999
36. Compliance schedule submitted: _____
 If yes is facility on schedule? _____ Explain if compliance date will not be met: _____

37. Does this facility come under the Resource Conservation and Recovery Act (RCRA)?
 If yes, describe ^{NO} _____
38. Does this facility have a Spill Prevention Control and Countermeasures (SPCC) plan?
 If yes, describe ^{NO} _____

39. Has this facility even been cited by NJDEP or EPA for a violation of State or Federal Regulations for the nature of its wastewater discharge? Y - N NO
40. Is this facility under an ISRA Clean up? NO If so, has a plan been approved by NJDEP: _____
- Is there any plan to discharge groundwater?
^{NO} _____

CERTIFICATION*:

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete and accurate.

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.

Name of signing official: _____

MICHAEL BRIZZOLARA

Print Name

TITLE: _____ SEC / TREAS

2/2/01

DATE


SIGNATURE

*APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:

- a. Principal Officer of Corporation
- b. President or Owner of Company
- c. General Partner if a Partnership
- d. Plant Manager or Authorized Representative

TABLE 1 EPA PRIORITY POLLUTANTS**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
Acenaphthene				/	2,4 dimethylphenol				/
acrolein				/	2,4 dinitrotoluene				/
acrylonitrile				/	2,6 dinitrotoluene				/
benzene				/	1,2 diphenylhydrazine				/
benzidine				/	ethylbenzene				/
carbon tetrachloride (tetrachloromethane)				/	fluoranthene				/
chlorobenzene				/	4-chlorophenyl phenyl ether				/
1,2,4-trichlorobenzene				/	4-bromophenyl phenyl ether				/
hexachlorobenzene				/	bis(2-chloroisopropyl) ether				/
1,2 dichloroethane				/	bis(2-chloroethoxy) methane				/
1,1,1 trichloroethane				/	methylene				/
hexachloroethane				/	chloride(dichloromethane)				/
1,1,dichloroethane				/	methyl chloride (chloromethane)				/
1,1,2 trichloroethane				/	methyl bromide (bromomethane)				/
1,1,2,2 tetrachloroethane				/	bromoform(tribromomethane)				/
chloroethane				/	dichlorobromomethane				/
bis(chloromethyl) ether				/	trichlorofluoromethane				/
Bis(2 chloroethyl) ether				/	dichlorodifluoromethane				/
2-chloroethyl vinyl ether mixed				/	chlorodibromomethane				/
2-chloronaphthalene				/	hexachlorobutadiene				/
2,4,6, trichlorophenol				/	hexachlorocyclopentadiene				/
parachlorometa cresol				/	isophorone				/
Chloroform (trichloromethane)				/	naphthalene				/
2 chlorophenol				/	nitrobenzene				/
1,2, dichlorobenzene				/	2-nitrophenol				/
1,3, dichlorobenzene				/	4-nitrophenol				/
1,4, dichlorobenzene				/	2,4-dinitrophenol				/
3,3, dichlorobenzidine				/	4,6 dinitro-o cresol				/
1,1,dichloroethylene				/	N-nitrosodimethylamine				/
1,2 trans-dichloroethylene				/	N-nitrosodiphenylamine				/
2,4,dichlorophenol				/	N-nitrosodi-n-propylamine				/
1,2, dichloropropane				/	pentachlorophenol				/
1,3, dichloropropylene				/	phenol				/
(1,3 dichlor propene)				/					/

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

TABLE 1 EPA PRIORITY POLLUTANTS (continued)**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
bis(2-ethylhexyl) phthalate				<input checked="" type="checkbox"/>	endrin				<input checked="" type="checkbox"/>
butylbenzylphthalate				<input checked="" type="checkbox"/>	endrin aldehyde				<input checked="" type="checkbox"/>
di-n-butylphthalate				<input checked="" type="checkbox"/>	heptachlor				<input checked="" type="checkbox"/>
di-n-octylphthalate				<input checked="" type="checkbox"/>	heptachlor (epoxide)				<input checked="" type="checkbox"/>
diethylphthalate				<input checked="" type="checkbox"/>	BHC Alpha				<input checked="" type="checkbox"/>
dimethylphthalate				<input checked="" type="checkbox"/>	BHC Beta				<input checked="" type="checkbox"/>
benzo(a)anthracene				<input checked="" type="checkbox"/>	BHC Gamma				<input checked="" type="checkbox"/>
benzo(a)pyrene				<input checked="" type="checkbox"/>	BHC Delta				<input checked="" type="checkbox"/>
3,4 benzofluoranthene				<input checked="" type="checkbox"/>	PCB1242				<input checked="" type="checkbox"/>
benzo(k) fluoranthene				<input checked="" type="checkbox"/>	PCB1254				<input checked="" type="checkbox"/>
chrysene				<input checked="" type="checkbox"/>	PCB1221				<input checked="" type="checkbox"/>
acenaphthylene				<input checked="" type="checkbox"/>	PCB1232				<input checked="" type="checkbox"/>
anthracene				<input checked="" type="checkbox"/>	PCB1248				<input checked="" type="checkbox"/>
benzo(ghi)perylene				<input checked="" type="checkbox"/>	PCB1260				<input checked="" type="checkbox"/>
fluorene				<input checked="" type="checkbox"/>	PCB1016				<input checked="" type="checkbox"/>
phenanthrene				<input checked="" type="checkbox"/>	toxaphene				<input checked="" type="checkbox"/>
dibenzo (a,h) anthracene				<input checked="" type="checkbox"/>	antimony(total)				<input checked="" type="checkbox"/>
indeno (1,2,3-c,d) pyrene				<input checked="" type="checkbox"/>	arsenic (total)				<input checked="" type="checkbox"/>
pyrene				<input checked="" type="checkbox"/>	asbestos (fibrous)				<input checked="" type="checkbox"/>
tetrachloroethylene				<input checked="" type="checkbox"/>	beryllium (total)				<input checked="" type="checkbox"/>
toluene				<input checked="" type="checkbox"/>	cadmium (total)				<input checked="" type="checkbox"/>
trichloroethylene				<input checked="" type="checkbox"/>	chromium (total)				<input checked="" type="checkbox"/>
vinyl chloride				<input checked="" type="checkbox"/>	copper (total)				<input checked="" type="checkbox"/>
aldrin				<input checked="" type="checkbox"/>	cyanide (total)				<input checked="" type="checkbox"/>
dieldrin				<input checked="" type="checkbox"/>	lead (total)				<input checked="" type="checkbox"/>
chlordane				<input checked="" type="checkbox"/>	mercury (total)				<input checked="" type="checkbox"/>
4,4 DDT				<input checked="" type="checkbox"/>	nickel (total)				<input checked="" type="checkbox"/>
4,4, DDE				<input checked="" type="checkbox"/>	selenium (total)				<input checked="" type="checkbox"/>
4,4, DDD				<input checked="" type="checkbox"/>	silver (total)				<input checked="" type="checkbox"/>
endosulfan I				<input checked="" type="checkbox"/>	thallium (total)				<input checked="" type="checkbox"/>
endosulfan II				<input checked="" type="checkbox"/>	zinc (total)				<input checked="" type="checkbox"/>
endosulfan sulfate				<input checked="" type="checkbox"/>	2,3,7,8, tetrachlorodibenzo				<input checked="" type="checkbox"/>
				<input checked="" type="checkbox"/>	p-dioxin				<input checked="" type="checkbox"/>

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

TABLE 2 NJDEP EXPANDED PRIORITY POLLUTANTS**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acrylamide				/	n,n-dimethyl aniline				/
amitrole				/	3,3-dimethyl benzidine				/
amyl alcohols				/	1,1-dimethylhydrazine				/
aniline hydrochloride				/	dioxane				/
anisole				/	diphenylamine				/
auramine				/	ethylenimine				/
benzotrichloride				/	hydrazine				/
benzylamine				/	4,4-methylene bis				/
				/	(2-chloraniline)				/
o-chloroaniline				/	4,4-methylenedianiline				/
m-chloroaniline				/	methyl isobutyl ketone				/
p-chloroaniline				/	alpha-naphthylamine				/
1-chloro-2-nitrobenzene				/	beta-naphthylamine				/
1-chloro-4-nitrobenzene				/	n-methylaniline				/
chloroprene				/	1,2- phenylenediamine				/
chrysoidine				/	1,3- phenylenediamine				/
cumene				/	1,4-phenylenediamine				/
2,3-dichloroaniline				/	sudan 1 (solvent yellow 14)				/
2,4-dichloroaniline				/	thiourea				/
2,5-dichloroaniline				/	toluene sulfonic acids				/
3,4-dichloroaniline				/	toluidines				/
3,5-dichloroaniline				/	xylidines				/
1,3-dichloropropene				/					
1,3-dimethoxybenzidine				/					

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

TABLE 3 EPA HAZARDOUS SUBSTANCES**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acetaldehyde				<input checked="" type="checkbox"/>	isopropanolamine				<input checked="" type="checkbox"/>
allyl alcohol				<input checked="" type="checkbox"/>	kelthane				<input checked="" type="checkbox"/>
allyl chloride				<input checked="" type="checkbox"/>	kepone				<input checked="" type="checkbox"/>
amyl acetate				<input checked="" type="checkbox"/>	malathion				<input checked="" type="checkbox"/>
aniline				<input checked="" type="checkbox"/>	mercaptodimethur				<input checked="" type="checkbox"/>
benzonitrile				<input checked="" type="checkbox"/>	methoxychlor				<input checked="" type="checkbox"/>
benzyl chloride				<input checked="" type="checkbox"/>	methyl mercaptan				<input checked="" type="checkbox"/>
butyl acetate				<input checked="" type="checkbox"/>	methyl methacrylate				<input checked="" type="checkbox"/>
butylamine				<input checked="" type="checkbox"/>	methly parathion				<input checked="" type="checkbox"/>
captan				<input checked="" type="checkbox"/>	mevinphos				<input checked="" type="checkbox"/>
carbaryl				<input checked="" type="checkbox"/>	mexacarbate				<input checked="" type="checkbox"/>
carbofuran				<input checked="" type="checkbox"/>	monoethylamine				<input checked="" type="checkbox"/>
carbon disulfide				<input checked="" type="checkbox"/>	monomethylamine				<input checked="" type="checkbox"/>
chlorpyrifos				<input checked="" type="checkbox"/>	naled				<input checked="" type="checkbox"/>
coumaphos				<input checked="" type="checkbox"/>	napthenic acid				<input checked="" type="checkbox"/>
cresol				<input checked="" type="checkbox"/>	nitrotoluene				<input checked="" type="checkbox"/>
crotonaldehyde				<input checked="" type="checkbox"/>	parathion				<input checked="" type="checkbox"/>
cyclohexane				<input checked="" type="checkbox"/>	phenolsulfanate				<input checked="" type="checkbox"/>
2,4-D (2,4-dichlorophenoxy)				<input checked="" type="checkbox"/>	phosgene				<input checked="" type="checkbox"/>
acetic acid				<input checked="" type="checkbox"/>	propagrite				<input checked="" type="checkbox"/>
diazinon				<input checked="" type="checkbox"/>	propylene oxide				<input checked="" type="checkbox"/>
dicamba				<input checked="" type="checkbox"/>	pyrethrins				<input checked="" type="checkbox"/>
dichlobenil				<input checked="" type="checkbox"/>	quinoline				<input checked="" type="checkbox"/>
dichlone				<input checked="" type="checkbox"/>	resorcinol				<input checked="" type="checkbox"/>
2,2-dichloropropionic acid				<input checked="" type="checkbox"/>	strontium				<input checked="" type="checkbox"/>
dichlorvos				<input checked="" type="checkbox"/>	strychnine				<input checked="" type="checkbox"/>
diethylamine				<input checked="" type="checkbox"/>	stryrene				<input checked="" type="checkbox"/>
dimethylamine				<input checked="" type="checkbox"/>	2,4,5-T (2,4,5-trichloro- phenoxy acetic acid)				<input checked="" type="checkbox"/>
dinitrobenzene				<input checked="" type="checkbox"/>	TDE (tetrachloro- diphenylethane)				<input checked="" type="checkbox"/>
diquat				<input checked="" type="checkbox"/>	2,4,5-TP 2(2,4,5- trichlorophenoxy				<input checked="" type="checkbox"/>
disulfoton				<input checked="" type="checkbox"/>	trichlorofon				<input checked="" type="checkbox"/>
diuron				<input checked="" type="checkbox"/>	triethylamine				<input checked="" type="checkbox"/>
epichlorohydrin				<input checked="" type="checkbox"/>	trimethylamine				<input checked="" type="checkbox"/>
					propanoic acid				<input checked="" type="checkbox"/>

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

TABLE 3 EPA HAZARDOUS SUBSTANCES (continued)**CHECK APPROPRIATE BOX**

<u>NAME</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
ethanolamine				<input checked="" type="checkbox"/>	uranium				<input checked="" type="checkbox"/>
ethion				<input checked="" type="checkbox"/>	vanadium				<input checked="" type="checkbox"/>
ethylene diamine				<input checked="" type="checkbox"/>	vinyl acetate				<input checked="" type="checkbox"/>
ethylene dibromide				<input checked="" type="checkbox"/>	xylene				<input checked="" type="checkbox"/>
formaldehyde				<input checked="" type="checkbox"/>	xlenol				<input checked="" type="checkbox"/>
furfural				<input checked="" type="checkbox"/>	zirconium				<input checked="" type="checkbox"/>
guthion				<input checked="" type="checkbox"/>					
isoprene				<input checked="" type="checkbox"/>					

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name of the applicant for service of process and the individual to be contacted in the event of an emergency.

SECTION ONE

(To be completed by all applicants)

NAME OF APPLICANT: State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement or other official document which establishes the name of the applicants (if no such document exists, state the name the business uses):

BRIOSCHI, INC.

Name of Applicant

TRADE NAME: Identify all trade names and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

Trade Name/Fictitious Name

BUSINESS ORGANIZATION: Please check the appropriate box:

- | | |
|---|--|
| <input type="checkbox"/> Sole proprietorship | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Non-Profit Corporation |
| <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (describe) | |
- _____

EMERGENCY CONTACT PERSON: In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: MICHAEL BRIZZOLARA

Street Address: 19-01 POLLITT DR

City, State & Zip Code: FAIR LAWN, NJ 07410

Business Telephone: 201-796-4226

Emergency Telephone: 201-294-0008

SECTION TWO

(To be completed only by Corporations and Limited Liability Companies)

REGISTERED AGENT: Identify the name and address of the Corporations's Registered Agent:

Name: _____

Company Name: _____

Street Address: _____

City, State & Zip Code: _____

DATE AND PLACE OF INCORPORATION/FORMATION: Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State: _____

Date: _____

DATE AUTHORIZED IN NEW JERSEY: If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date: _____

SECTION THREE

(To be completed only by Partnerships or Joint Ventures)

FORM OF PARTNERSHIP: Check One.☐ General partnership☐ Limited Partnership**PARTNERS:** Identify (by name, residence address, business address and daytime telephone number) each partner or joint venture. (attach additional sheets if necessary):

Name: _____

Street Address: _____

City, State & Zip Code: _____

Name: _____

Street Address: _____

City, State & Zip Code: _____

SECTION FOUR

(This section to be completed only if the business concern is organized in a form other than a sole proprietorship, corporation, partnership or joint venture—such as a trust or association)

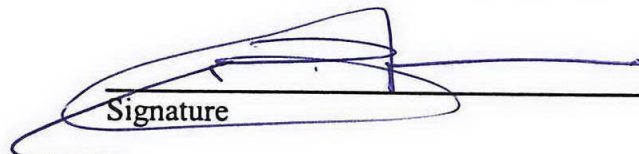
FORM OF BUSINESS ORGANIZATION: Describe how the business entity is organized and under what legal authority it was established.

CERTIFICATION

(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment,

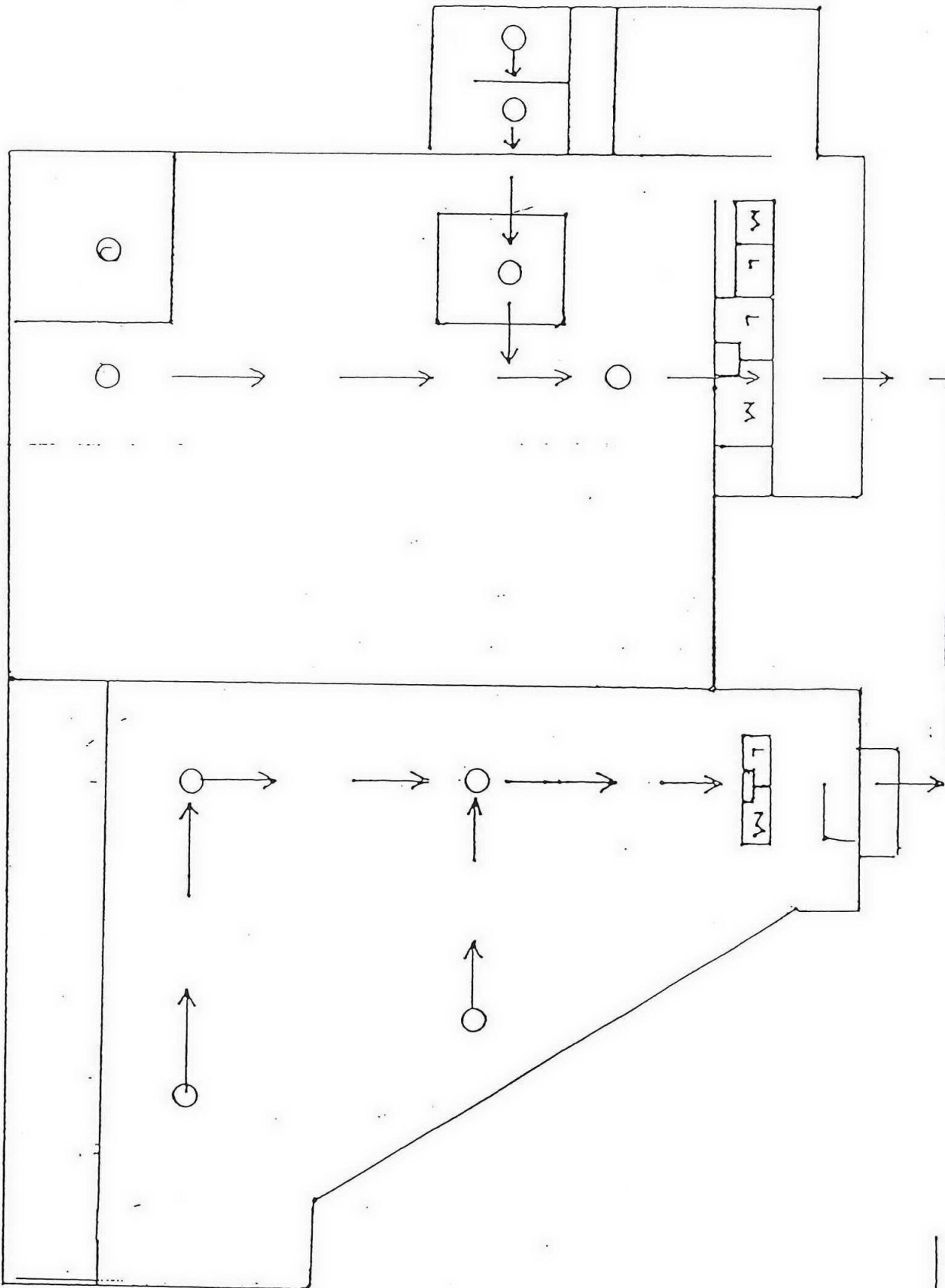
Dated: 2/14/01


Signature

MICHAEL BRIZZOLARA, SEC/TREAS
Print Title & Position

MAIN SEWER CAP ---
 PRETREATMENT & USER CHARGE
 SAMPLE POINT

OUTLET // 08405120 - 18055-0081
 REGULATED FLOW 1120 GAL/DAY
 UNREGULATED FLOW 640 GAL/DAY



FLOW DIAGRAM

19-01 POLLITT DRIVE

FAIR LAWN N.J.

SIGNED:

DATED: 2/16/01

FEB-15-2001 14:35

APL

973 227 2813

P.02

APL

AQUA PRO-TECH LABORATORIES

CERTIFICATIONS

NJ DEP 07010 / NY DOH 11634 / CT PH-0233

US ARMY CORPS (USACE)

ANALYTICAL RESULTS SUMMARY

Client	Brioschi 19-01 Pollitt Drive	APL Order ID Number	21020133
	Fair Lawn, NJ 07410	Date Sampled	02/06/2001 10:25
Contact	Mike Brizzolara	Date Received	02/06/2001 12:00
		Matrix	Wastewater
Project		Site	19-01 Pollitt Dr
Report Date	02/15/2001 15:00	Customer Service Rep.	

Sample Number/ Parameter	Method	Analysis Time	Analyst	Result	Units	MDL
21020133-001 Discharge						
Ammonia, as Nitrogen	EPA 350.2	02/02/2001 14:20	ASTOICA	<0.5	mg/L	0.5
Biochemical Oxygen Demand	EPA405.1/SM5210	02/07/2001 9:00	LTERSKAYA	316	mg/L	2
Chemical Oxygen Demand (C	EPA410.4/SM5220D	02/08/2001 10:30	LTERSKAYA	764	mg/L	5
Copper	EPA 200.7	02/08/2001 19:30	MARK	0.04	mg/L	0.01
Nickel	EPA 200.7	02/08/2001 19:30	MARK	<0.005	mg/L	0.005
Oil & Grease	SM 5520B	02/06/2001 14:00	LTERSKAYA	15.0	mg/L	4
pH	EPA150.1/SM4500H-B	02/06/2001 12:00	HASSAN	6.40	pHUnits	
Phenols	EPA420.1/SM5530 D	02/13/2001 13:00	ASTOICA	0.06	mg/L	0.05
Total Organic Carbon (TOC)	EPA 415.1	02/07/2001 14:00	RAVI	201	mg/L	0.1
Total Solids (TS)	EPA160.3/SM2540B	02/08/2001 10:00	MARK	778	mg/L	3
Total Suspended Solids (TSS)	EPA160.2/SM2540D	02/09/2001 14:15	MARK	98	mg/L	3
Total Volatile Solids (TVS)	EPA 160.4	02/08/2001 10:00	MARK	755	mg/L	3
TPHC	EPA 418.1	02/09/2001 8:30	AUGUST	1.45	mg/L	0.2
VSS	EPA 160.2, 160.4	02/09/2001 14:15	MARK	71	mg/L	0.1
Zinc	EPA 200.7	02/08/2001 19:30	MARK	0.15	mg/L	0.04

SA: See attached report

PRELIMINARY RESULTS

Brian Wood
Laboratory Director

QA

1275 BLOOMFIELD AVENUE, BLDG. 6, FAIRFIELD NJ 07004 TEL 973 227 0422 FAX 973 227 2813

TOTAL P.02



AQUA PRO-TECH LABORATORIES

CERTIFICATIONS

NJ DEP 07010 / NY DOH 11634 / CT PH-0233

US ARMY CORPS (USACE)

ANALYTICAL RESULTS SUMMARY

Client **Brioschi**
 1901 Pollitt Drive

Contact Fair Lawn, NJ 07410
 Mike Brizzolara

Project **Site**
 19-01 Pollitt

Report Date 09/28/2000 10:21 **Customer Service Rep.**

Sample Number/ Parameter	Method	Analysis Time	Analyst	Result	Units	MDL
20090426-001 Discharge						
Arsenic	EPA 200.7	09/21/2000 16:30	MARK	<0.008	mg/L	0.008
Biochemical Oxygen Demand	EPA405.1/SM5210	09/13/2000 9:30	LTERSKAYA	337	mg/L	2
Cadmium	EPA 200.7	09/21/2000 16:30	MARK	<0.002	mg/L	0.002
Copper	EPA 200.7	09/21/2000 16:30	MARK	0.10	mg/L	0.01
Lead	EPA 200.7	09/21/2000 16:30	MARK	0.011	mg/L	0.01
Mercury	EPA 245.1	09/26/2000 10:00	RAVI	<0.001	mg/L	0.001
Nickel	EPA 200.7	09/21/2000 16:30	MARK	0.007	mg/L	0.005
pH, Field	EPA150.1/SM4500H-B	09/12/2000 11:40	DBA	6.64	pH Units	
Total Suspended Solids (TSS)	EPA160.2/SM2540D	09/13/2000 16:00	LTERSKAYA	200	mg/L	3
Zinc	EPA 200.7	09/21/2000 16:30	MARK	0.20	mg/L	0.04

SA: See attached report

Brian Wood
Laboratory Director

1275 BLOOMFIELD AVENUE, BLDG. 6, FAIRFIELD, NJ 07004 TEL 973 227 0422 FAX 973 227 2813

SECTION A

8110	8115	8120	8205
FEB 21 2001			

1. Company Name BRIOSCHI INC
2. Permit Number if applicable: 08200003
3. Location: 19-01 POLLITT DRIVE
FAIR LAWN NJ Zip Code: 07410
4. Mailing Address PO BOX 427 FAIR LAWN, NJ
 Zip Code: 07410
5. Person to contact concerning information provided in this application:
 Name of Contact Official: MICHAEL BRIZZOLARA
 Title: SEC / TREAS Phone No. (201) 796-4226
 Address same as above Zip code
6. Number of Employees - Full Time: 10 Part Time:
 Number of Work Days Per Year: 250
 Number of Shifts Per Day: 1
7. If property is owned indicate block and lot number(s):

Assessed Value: 19

8. If property is rented indicate name and address of owner:

Michael Brizzolara

55-271/212 CHECK NO. 017561

CHECK NO.	CHECK DATE	VENDOR NO.
17561	2/20/2001	

BRIOSCHI, INC.

THE BANK OF NEW YORK
 NATIONAL COMMUNITY DIVISION 214
 RADBURN OFFICE - FAIR LAWN, NJ 07410

P.O. BOX 427 • 19-01 POLLITT DRIVE
 FAIR LAWN, NEW JERSEY 07410

AREA CODE 201-796-4226-7-8

FAX: 1-201-796-0391

CHECK AMOUNT
\$750.00

SEVEN HUNDRED FIFTY DOLLARS AND NO/CENTS

PAY
 TO THE
 ORDER OF

PVSC
 600 WILSON AVENUE
 NEWARK, NEW JERSEY 07105

AUTHORIZED SIGNATURE

⑈017561⑈ ⑈021202719⑈ ⑈6100508131⑈

IRENE G. ALMEIDA
CHAIRMAN

JAMES KRONE
VICE CHAIRMAN

DANIEL F. BECHT, ESQ.
FRANK J. CALANDRIELLO
DOMINIC W. CUCCINELLO
PETER A. MURPHY
ANGELINA M. PASERCHIA
THOMAS J. POWELL
DONALD TUCKER
COMMISSIONERS



Passaic Valley
Sewerage Commissioners

600 WILSON AVENUE
NEWARK, N.J. 07105
(973) 344-1800
Fax: (973) 344-2951
www.pvsc.com

ROBERT J. DAVENPORT
EXECUTIVE DIRECTOR

PETER G. SHERIDAN
CHIEF COUNSEL

LOUIS LANZILLO
CLERK

Industrial Fax: (973) 344-4876

RECEIPT FOR
APPLICATION FEE
PERMIT FEE

Received from:

Brioschi Inc

Address:

19-01 Pollett Drive Fair Lawn NJ

Amount of Payment:

\$750.00

Date of Payment

2/21/01

Payment Received by:

[Signature]

Signature:

Amount:

750⁰⁰

Date:

2/22/01

SECTION A

8110 8115 8120 8205

FEB 21 2001

1. Company Name BRIOSCHI INC
2. Permit Number if applicable: 08200003
3. Location: 19-01 POLLITT DRIVE
FAIR LAWN NJ Zip Code: 07410
4. Mailing Address PO BOX 427 FAIR LAWN, NJ
 Zip Code: 07410
5. Person to contact concerning information provided in this application:
 Name of Contact Official: MICHAEL BRIZZOLARA
 Title: SEC / TREAS Phone No. (201) 796-4226
 Address same as above Zip code _____
6. Number of Employees – Full Time: 10 Part Time: _____
 Number of Work Days Per Year: 250
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7. If property is owned indicate block and lot number(s):

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Michael Brizzolara

55-271/212

CHECK NO. **017561**

CHECK NO.	CHECK DATE	VENDOR NO.
17561	2/20/2001	

BRIOSCHI, INC.THE BANK OF NEW YORK
NATIONAL COMMUNITY DIVISION 214
RADBURN OFFICE - FAIR LAWN, NJ 07410P.O. BOX 427 • 19-01 POLLITT DRIVE
FAIR LAWN, NEW JERSEY 07410

AREA CODE 201-796-4226-7-8

FAX: 1-201-796-0391

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\$750.00SEVEN HUNDRED FIFTY DOLLARS AND NO/CENTS
PAYTO THE
ORDER OF

PVSC

600 WILSON AVENUE
NEWARK, NEW JERSEY 07105

AUTHORIZED SIGNATURE

⑈017561⑈ ⑈021202719⑈ ⑈6100508131⑈